



TB CARE I

TB CARE I - Ghana

Year 4

Quarterly Report

October – December 2013

January 30, 2014

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1. Quarterly Overview

Country	Ghana
Lead Partner	MSH
Coalition Partners	KNCV and WHO
Other partners	
Work plan timeframe	October 1, 2013 , September, 30, 2014
Reporting period	Oct – Dec 2013

Most significant achievements:

1. Zero Draft of the new National Strategic Plan for Tuberculosis Control developed

In November 2013, TB CARE I in collaboration with the NTP developed a zero draft of the new 5 year national strategic plan during a World Health Organization (WHO) coordinated workshop on the development of national strategic planning for tuberculosis control that was held in Cepina, Italy. The proposed goal of the plan is **"To reduce TB prevalence by 25% by 2020 compared to 2013 baseline level of 92 per 100,000 populations"**.

The previous strategic plan expired in December 2013 thus this new strategic plan will constitute the requirements for the NTP to access funds from the Global Fund as part of fulfilling the new funding model. It is expected that the final approved strategic Plan will be ready in July 2014. TB CARE I will provide technical assistance in the finalization of the strategic plan that will include performing epidemiological analysis. Further technical assistance will also be provided in developing the concept note.

Picture 4: The Ghana team busy developing the strategic plan with the guidance from WHO experts.

2. National Tuberculosis Prevalence Survey field work successfully completed

The field work in all 98 clusters was successfully completed during the week of December 16, 2013 as scheduled. Overall 101,767 people were surveyed of which 69,020 were aged 15 years and above. 67,710 clients fulfilled eligibility criteria for the survey and 61,477 were screened as per the survey standard operating procedures (SOPs). As it stands now a total of 61,224 clients consented to fully participate in the survey thus analysis on the TB prevalence will be focused on these participants.

TB CARE I contributed to the success of the field data collection by ensuring that data management is well coordinated throughout the entire field work. Currently the survey team is performing data cleaning before a comprehensive and final data analysis begins. Preliminary data could be available in March 2014.

3. TB performance in the six hospitals improved

In January 2014 monitoring and support visits were undertaken in the six hospitals implementing the intensified hospital based TB case detection intervention. The results show that a total of 529 TB cases were detected between January and December 2013 of which 22 were children aged 0-14. Thirty three (33) of the TB cases detected died before completing TB treatment. Comparative analysis between January and December 2013 and January to December 2012 shows that there was an overall 2% increase in TB case detection, 29% increase in TB cases among children aged 0-14 years and a reduction in TB mortality by a factor of 38%.

During the quarter under review 4 TB patients died while on TB treatment down from 13 during the same period in 2012

Graph 1 & 2 show Children aged 0-14 diagnosed with TB and the TB mortality in the six hospitals respectively.

4. Review of the introduction of the GeneXpert technology at the four sites

In December 2013, a review of GeneXpert data in the four (4) sites was undertaken. The results show that between March and December 2013, a total of **1,496** presumptive TB cases were tested using GeneXpert technology, **1,116** were MTB negative and **287 (19%)** successful tests were Mycobacterium Tuberculosis (MTB) positive. Of those that were MTB Positive, **30 (10%)** patients were rifampicin resistance.

During the quarter under review a total of 152 successful tests were (MTB) positive and 9 Rifampicin Resistant

Picture **3**: shows a lab technician retrieving GeneXpert data from the computer and Graph **3** illustrates the GeneXpert data at the 4 sites.

5. TB case finding data of the Northern Region validated

In November 2013, TB CARE I supported the TB case finding validated data in the Northern Region. Districts TB teams from all the 26 district were invited to a data validation workshop comprising 92 participants (17 were women). TB CARE I's innovative approach to validating data was applied in this workshop. This approach involves swapping districts TB treatment registers permitting one district to review data of another district. The validated data is then compared with the data that has already been submitted to the region to check for over or under reporting.

The results of the data validation exercise revealed some level of data inconsistencies, underreporting and over reporting of TB cases by some districts. During the first 3 quarters of 2013 a total of 14 districts under reported by 50 TB cases (all forms) and 2 districts over reported by 10 TB cases (all forms).

It was evident that poor data management on the part of some district and institutional TB coordinators, wrong categorization of TB disease type and late update of district and facility registers contribute to these data inaccuracies and inconsistencies.

This approach is being rolled out countrywide in collaboration with the NTP.

Picture 1 & 2 show participants seriously validating TB data during the Northern Region workshop

6. Supportive Supervision in the Ashanti Region conducted

In December 2013, support supervision visits to 12 districts in the Ashanti Region were conducted. The region was prioritized because of the observed poor data quality during the TB CARE I supported mid-year review meeting. The Rapid Data Quality Assessment Tool (RDQA) was used in all the 12 districts visited. The key findings for the first three quarters of 2013 were: a) 6 districts over-reported to the region by 86 TB cases over the three quarters while 80 TB cases were not reported to the region by 3 districts b) Out of the 14 DOTs centers in these 12 district only 5 were preparing monthly TB case finding reports to the districts, while c) 5 of the 14 DOTs centers were still using the old TB treatment registers. The findings were discussed with the regional and district management teams for immediate actions to addressing the identified challenges.

TB CARE I in collaboration with the NTP central Unit will support 6 more regions.

Graph 3 shows the variance of district TB data and regional TB data

Technical and administrative challenges:

1. Data incompetence and inaccuracies persist. High attrition of staff at district and facility level may explain this
2. Samples from patients identified with rifampicin resistance through GeneXpert were not tested to confirm whether they are MDR-TB patients through culture and DST
3. There still remains weak coordination of PMDT activities especially at regional level owing to the fact that PMDT is not fully established
4. There was a country wide stock outs of sputum containers during the last quarter of 2013 which also affected TB case detection interventions in the six hospitals where TB CARE I is implementing intensified hospital based TB case detection activities

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT	Data not routinely collected	Data IPT among children aged <5 yrs who are contacts of SS+ adults in 6 districts supported by TB CARE I are reported	Not yet measured	A team currently in the field collecting data for the October-December 2013 quarter
1.2.5	Childhood TB approach implemented	Capacity of HCWs to diagnose TB in children improved in the 3 districts in Eastern Region	9 health facilities in 6 districts implementing childhood TB approaches	6	
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	NTP Figure Children 0-14 in 2012 = 820 (14 TB CARE I)	50 TB cases diagnosed in children aged 0-14 years (up from 14 in 2012 in TB CARE I supported areas)	18	
1.2.11	<i>Number of health facilities implementing intensified TB case detection</i> Description: Number TB cases notified between October 1, 2013 and September 30, 2014 in nine facilities in six old and new districts relative 2012 results	793 from 6 districts	1000 TB cases notified in the 9 TB CARE I supported districts	Not yet measured	A team currently in the field collecting data for the October-December 2013 quarter
1.2.12	<i>Proportion of prison inmates at Nsawam Prison screened for TB</i> Numerator: Number of prisoners screened for TB during the specified period Denominator: Total number of prisoners during the specified period	No data available	80% of inmates screened for TB	Measured annually	Training not conducted. Planed during the Jan-March 2014 quarter

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.2.1	MSH	Launch the documentary on TB case detection	TB Documentary DVD finalized after receiving and addressing comments from the USAID Mission. NTP wants the launch to be linked with the World TB Day events	Oct 13	Dec 13	Ongoing
1.2.2	MSH	Support in-service training for districts implementing intensified TB case detection	Planned for March, 2014	Oct 13	Sept 14	Ongoing
1.2.3	MSH	Support prison HCWs and officers at Nsawam prisons in performing TB screening among new/old inmates	Planned for March, 2014	Oct 13	Sep 14	Pending
1.2.4	MSH	Develop and disseminate scale up plan for the implementation of intensified health TB case detection including clinical care of TB patients	Planned for April after completing conducting regional review meetings	Jan 14	Mar 14	Pending
1.2.5	MSH	Conduct district review meetings in 3 districts implementing hospital based TB case detection activities	Joint review meeting scheduled for January 30 and 31, 2014	Oct 13	Sep 14	Ongoing
1.2.6	MSH	Conduct Regional Quarterly review meetings	One Review meeting for the Northern Region Conducted. The Regional reviews for Western Region and Eastern region planned to take place January 21-22 and January 28 and 29 respectively	October 13	Sept 14	Ongoing
1.2.7	MSH and KNCV	Implement TB mortality audit	Planned to start in February, 2013	Oct 13	Sep 14	Pending
1.2.8	MSH	2014 World TB day National Launch	Plan has started	Jan 14	Mar 14	Ongoing

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

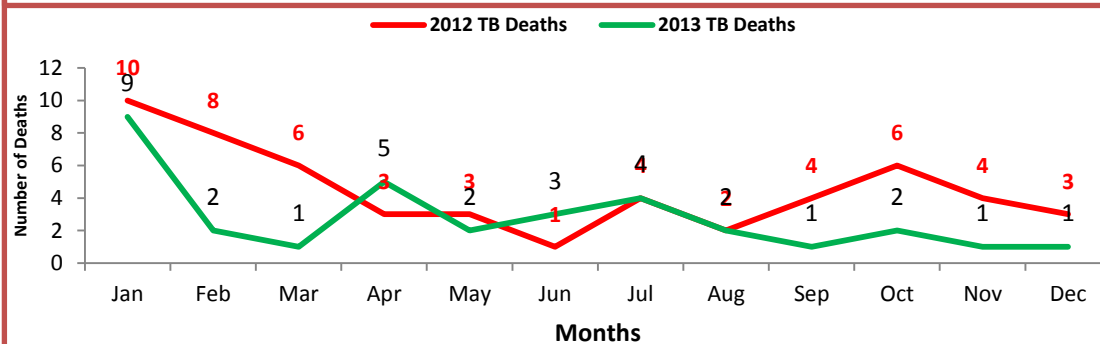


Picture 1: Participants at the Northern Regional workshop during the TB treatment register swap exercise

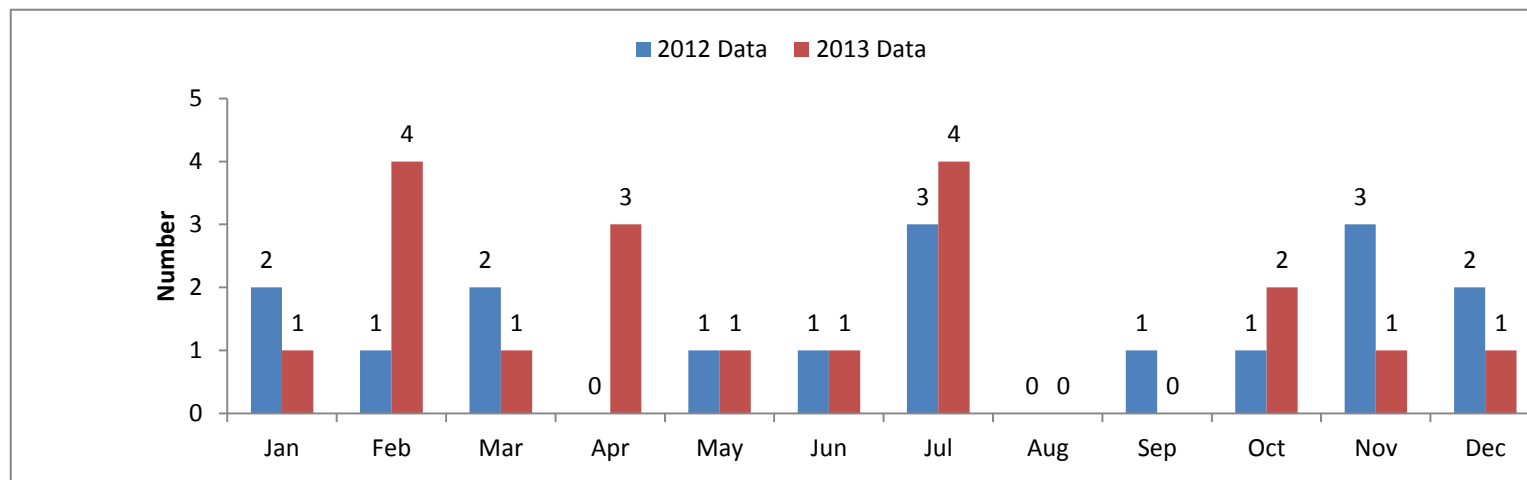


Picture 2: Participants at the Northern workshop during the TB treatment register swap exercise

Graph 1: TB Mortality Comparison of Jan-Dec 2012 Data and Jan-Dec 2013 Data



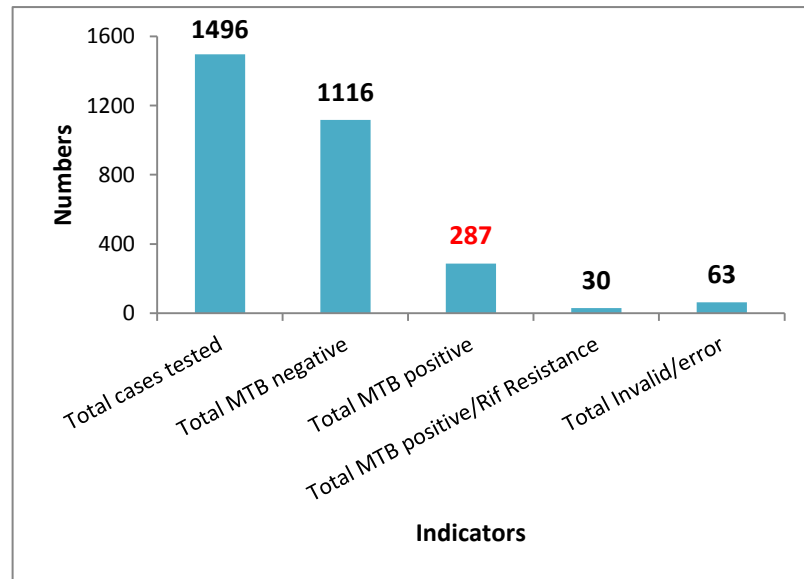
**Graph 2: Children Aged 0-14 Years Diagnosed with TB in the 6 hospitals
Comparison of Jan. - Dec. 2012 Data and Jan. - Dec. 2013 Data**



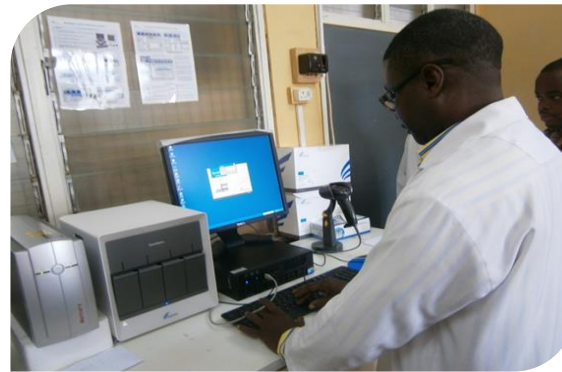
2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
2.3.2	Rapid tests conducted				680 (GeneXpert)		
2.3.3	Patients diagnosed with GeneXpert		22 MTB positive and 3 Rifampicin Resistant (as at end of June 3013)	100	152		
2.2.3	GeneXpert National Rollout plan Description: National Rollout plan for GeneXpert developed and incorporated into the new strategic plan		No	Yes	Not yet measured		This will linked with the finalization of the new National Strategic plan
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
2.3.1	MSH	Develop GeneXpert national rollout plan	This is being included in the new draft National Strategic Plan		Jan 14	Mar 14	Ongoing
2.3.2	MSH	Review the uptake of GeneXpert technology			Oct 13	Sep 14	Ongoing

2.3.3	MSH	Train Staff in evaluating the implementation of the GeneXpert Technology)		Jan 14	Mar 14	Pending
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Graph 3: GeneXpert data-March to December 2013 at the 4 sites



Picture 3: Lab technician retrieving GeneXpert data

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.2.1	“FAST” strategy has been adapted and adopted		0	Yes	Not yet measured		This will be linked with the finalization of the new National Strategic Plan
3.2.2	Facilities implementing TB IC measures with TB CARE I support		9	9	6		
3.1.3	<i>Availability of a guide on the monitoring of TB disease incidence among health care workers</i> Description: A guide on the monitoring of TB disease incidence among health care workers incorporated into the national strategic plan		No	Yes	Not yet measured		This will be linked with the finalization of the National Strategic Plan
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter’s end	Planned Month		Status	
				Start	End		
3.3.1	MSH/PMU	Incorporate a guide on monitoring TB disease incidence among health care workers into the national strategic plan	This will be linked with the finalization of the National Strategic Plan and is likely to take place in February or March, 2014		Jan 14	Jun 14	Pending
3.3.2	MSH/PMU	Adopt FAST Strategy	This will be linked with the finalization of the National Strategic Plan and is likely to take place in February or March, 2014		Jan 14	Jun 14	Pending

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6	Number of MDR cases diagnosed	50	100	9	
C7	Number of MDR cases put on treatment	20	50	0	6 were counseled to start treatment in January, 2014. Between Jan and Dec 2013 a total of 23

						MDR-TB patients were put on SLD
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	No data available	20			Data being analyzed by quarter and month in collaboration with the NTP. By now a total of 10 MDR-TB patients are known to have completed six months while on SLD
4.1.4	A functioning National PMDT coordinating body	A functioning National PMDT coordinating body a key component of the MDR-TB curriculum	Yes (MDR-TB sub-group meeting conducted and MDR-TB clinical team supported)	Core team established and next meeting on January 23, 2014		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
4.1.1	MSH	Hold MDR-TB sub-group meeting	Planned for January 20, 2014	Oct 13	Dec 13	Ongoing
4.1.2	MSH/KNCV	Train doctors and nurses in managing MDR- TB patients		Apr 14	Sept	Pending
4.1.3	MSH	Train community and family members in the care of MDR-TB patients		Oct 13	Mar 14	Pending

2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	1,216 TB CARE I geographical area in 2012	2000	Not yet measured	A team in the field to collect Oct-Dec, 2013 data

5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		77%	85%	Measured annually		National Data for 2013 being analyzed
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive		21%	No target	Measured annually		National Data for 2013 being analyzed
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		37%	50%	Measured annually		National Data for 2013 being analyzed
5.3.2	HIV-positive TB patients started or continued on CPT		80%	85%	Measured annually		National Data for 2013 being analyzed
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
5.1.1	MSH/WHO	Conduct a meeting to review TORs for the National TB-HIV Technical Working Group	NACP and NTP met to discuss developing a joint concept note for submission to the Global Fund		Jan 14	Mar 14	Ongoing
5.3.1	MSH/WHO	Advocate for early initiation of ART in HIV-TB co-infected patients			Jan 14	Mar 14	Pending

2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
6.1.1	Government budget includes support for anti-TB drugs	57% of the total budget for FLD and SLD expected to come from Ghana. Likely will come from GF	25% of the budget for FLD and SLD comes from the government)	Not yet measured	Collecting data from MoH
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups	Yes	Each CCM meeting include representative of the civil society organizations	The President for the Network for people Living with HIV present during the Dec 4, 2013 CCM meeting	
6.2.1	TB CARE-supported supervisory visits conducted	6	10	2	
6.2.2	People trained using TB CARE funds	400	400	92 (17 are women)	

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.1	MSH/KNCV/WHO	Support the development of the new five year strategic plan	A zero draft developed with proposed goal, objectives and strategic interventions	Oct 13	Mar 14	Ongoing
6.2.1	MSH	Support the activities of the CCM	Country Director Participated in the CMM Meeting on December 4. At this meeting the Dashboards of the various PRs including for TB were reviewed. The New funding model was discussed	Oct 13	Sep 14	Ongoing
6.2.2	MSH/WHO	Provide support for the Phase II Grant negotiation of Global Fund		Oct 13	Jun 14	Ongoing
6.2.3	MSH/KNCV	Implement standard operating procedures for planning and evaluation of TB training events for basic TB DOTS, PMDT, TB-HIV activities	Discussions with the consultant (Marleen Heus) have started and PMDT core team has decided that this STTA mission should take place in May.	Apr 14	Sep 14	Ongoing



Picture 4: Ghana team developing the national strategic plan (Rhehab Chimzizi, Soleil Labelle, Dr. Salah Ottmani, Dr. Frank Bonsu, and Felix Kwame Afutu)

2.7 M&E, OR and Surveillance

Code			Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.2.1			Data quality measured by NTP		RDQA tool introduced	Y	Support supervision to Ashanti Region supported. RDQA tool was used		
7.2.2			NTP provides regular feedback from central to intermediate level		Feedback mechanisms for every supportive visit provided Mid-year review of the NTP work plan conducted with The regions and districts	Y	One regional Review in the Northern region supported		
7.3.2			OR study results disseminated		TB referral OR study disseminated at National and in Eastern Region	2	TB referral OR study disseminate during the Northern Region Review meeting		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end			Planned Month		Status	
						Start	End		
7.2.1	MSH	Analyze quarterly TB data submitted by Regions	The M&E Officer currently performing EPI analysis of the NTP routine data as part of core component of finalizing the national Strategic plan			Oct 13	Sep 14	Ongoing	
7.2.2	MSH	Conduct quarterly monitoring and supportive visits	One support supervision conducted in the districts implementing hospital based TB case detection			Octo13	Sept 14	Ongoing	
7.2.3	MSH	Conduct 7 monitoring supportive visits in 4 regions	One support supervision conducted in the Ashanti Region			Oct 13	Sept	Ongoing	
7.2.4	MSH/KNCV	Develop Operational Research Road Map	Discussion with the consultant (dr. Eveline Klinkenberg) who will provide the STTA has started. This will be linked with the finalization of the National Strategic Plan			Oct- 13	Mar 14	Ongoing	

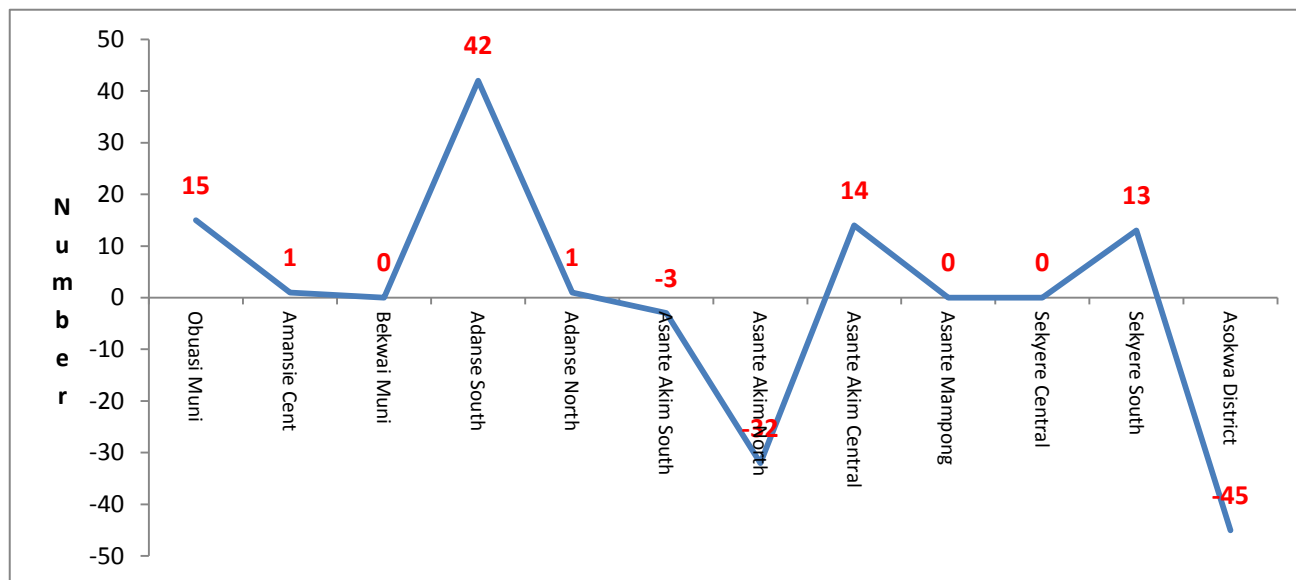
7.2.5	MSH	Disseminate National TB guidelines		Jan-14	Jun-14	Pending
7.2.6	MSH	Disseminate final TB CARE I results/report		Aug 14	Sept-14	Pending
7.3.1	MSH/KNCV	Conduct Manuscript (paper) writing workshop		Oct-13	Mar 14	Pending



Picture 5: Monitoring Team entering data into the RDQA tool during and monitoring and supportive visit to the region



Figure 6: One of the District TB Coordinators in action during and monitoring and supportive visit to the region



Graph 3: The variance between District TB data and Regional TB Data (Quarter 1-3, 2013) after the region supervision visits using the RDQA tool

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 10		B1	\$31,738,898	19,527,231

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

The Phase I of the Global Fund Round 10 Grant came to an end in December 2013. However, due to the late start of implementing the approved work plan the NTP has received approval from the Global Fund to continue spending the remaining funds on activities that were not completed. The approved extension is for 10 months and this means the NTP will need to spend the remaining funds and remaining activities by October 2014. Although, the figure above looks like the remaining funds are \$14,988,475, the NTP states that they have been informed that about \$9 million is what is remaining.

The major challenge during the first 10 months of 2014 is that the NTP cannot implement new activities as this has to wait until they access new funds from the Global Fund after completing the process of accessing new funds using the new funding model. Since the NTP National Strategic Plan also expired at the end of 2013, finalizing the new National Strategic Plan is a priority activity for both the NTP and TB CARE I

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work plan

The TB CARE I Country Director continues to chair the HIV/TB oversight committee for the Ghana Country Coordinating Mechanisms (CCM). The quarter under review the Country Director was actively involved in reviewing dashboards of various PRs including the NTP's Round 10 Grant. The Country Director also participated in the quarterly meeting of the CCM that was held on December 4, 2013 where the new funding model was discussed. The TB CARE I Country Director and the M&E Officer continue to provide support in various Global Fund activities that include ensuring improved performance of the grant and data quality improvements.

Support to the development of the NSP as part meeting conditions for accessing funds from the Global Fund

Between November 17 and 28, TB CARE I Country Director joined the NTP Manager at the WHO organized workshop for developing national strategic plan that was held in Cepina Italy. At the end of the Workshop the Ghana team produced a zero draft of the plan with clear goal, objectives and strategic interventions. The next steps for the finalization of the strategic plan were developed. TB CARE I continue to take a leading role in finalizing the strategic plan and developing the concept note

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	4	0	
Total 2011	7	2	
Total 2012	38	2	
Jan-Mar 2013	7	4	
Apr-Jun 2013	8	4	
Jul-Sep 2013	14	15	
Oct-Dec 2013	9	0	
Total 2013	87	27	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	MSH	1.2.4	Pedro Suarez (MSH)	Develop and disseminate scale up plan for the implementation of intensified health facility TB case detection including clinical care of TB patients	Jan-Mar 2014	Pending		Planned between February
2	MSH	1.2.5	Abel Nkolo (MSH)	Conduct district review meetings in 3 districts implementing hospital based TB case detection activities	Jan-Mar 2014	Pending		
3	MSH	2.3.1	Alaine Nyaruhirira (MSH)	Develop GeneXpert National Rollout Plan	Jan-Mar 2014	Pending		Will be linked with the finalization of the Strategic Plan. Planned between February and March
4	MSH	1.2.4	Abel Nkolo (MSH)	Develop and disseminate scale up plan for the implementation of intensified health facility TB case detection including clinical care of TB patients	Jan-Mar 2014	Pending		
5	MSH	6.1.1	Abel Nkolo (MSH)	Support the development of the new five-year Strategic plan	Oct-Dec 2013	Pending		Planned Feb 2014
6	MSH	7.2.6	Pedro Suarez (MSH)	Disseminate final TB CARE I results/report	Sep 2014	Pending		
7	WHO	6.2.3	WHO (TBD)	Implement standard operating procedures for planning and evaluation of TB training (basic DOTS, PMDT, laboratory basic training)	April-May 2014	Pending		Planned May, 2014

8	KNCV	7.3.1	Eveline Klinkenberg (KNCV)	Conduct Manuscript development workshop	Feb-March, 2014	Pending		
9	KNCV	6.2.3	Marleen Heus (KNCV)	Implement standard operating procedures for planning and evaluation of TB training (basic DOTS, PMDT, laboratory basic training)	April-May 2014	Pending		Planned for 4, 2014
10	KNCV	7.2.4	Eveline Klinkenberg (KNCV)	Develop operational research roadmap	Oct-Dec 2013	Pending		Will be linked with the finalization of the Strategic Plan. Planned for Feb/March 2014
Total number of visits conducted (cumulative for fiscal year)						0		
Total number of visits planned in work plan						10		
Percent of planned international consultant visits conducted						0%		